

FILED DEC 30 1950

# STANDARD CERTIFICATE OF DEATH

State File No. 41174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL -- Prairie Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL -- Prairie Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile No. Longview Farm</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mile No. Longview Farm</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvin</u> b. (Middle) <u>George</u> c. (Last) <u>Richter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 8, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 14, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Mason</u>	9. AGE (If years last birthday) <u>64</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
		11. BIRTHPLACE (State or foreign country) <u>Sweet Springs, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George Richter</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Oustemyer</u>		14. NAME OF HUSBAND OR WIFE <u>Angie L. Richter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-09-8560</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Angie L. Richter, RR3 Hickman Mill,</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		

19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July - 1943, to 12-8, 1950, that I last saw the deceased alive on 12-1-, 1950, and that death occurred 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philip H. Hager M.D.</u>		23b. ADDRESS <u>Lee's Summit, Mo</u>		23c. DATE SIGNED <u>12-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Longford</u>		24f. ADDRESS <u>Lee's Summit, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/9/50</u>		REGISTRAR'S SIGNATURE <u>Ronald C. Emswiler</u>		378	

DEC 22 REC'D

MAR 6 1951

MAR 11 1951

DEC 30 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*N. B. Langford*

Licensed Embalmer No. 3633

P. O. Address Lee's Summit, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.